

EXHIBIT 25

MODEL LETTER TO RURAL HEALTH CLINIC REGARDING SCHEDULING A SURVEY

(Date)

Director Name
Rural Health Clinic Name
Address
City, State, ZIP Code

Dear (Director Name):

Based on the information submitted in your Request to Establish Eligibility, the (**name of clinic**) meets the Medicare location requirements of a rural health clinic. The purpose of this letter is to advise you that the clinic will be surveyed on (**date**).

Please make available for review at the time of survey the following material:

- Names, and evidence of appropriate licensure for all clinic personnel, where applicable;
- Evidence of professional qualification of the physician's assistant and/or nurse practitioner clinic staff member;
- Evidence that the responsible physician formally agrees to provide medical direction, supervision, and guidance to the clinic;
- A copy of the clinic's written policies and procedures;
- Evidence that the clinic has an agreement with one or more Medicare/Medicaid-approved hospitals for referral and admission of the clinic's patients;
- A list of the services the clinic furnishes directly through its own staff. As a part of the survey, we will be reviewing a random sample of the clinic's patients records to determine if the requirements of the regulations are met.

(Name)

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(Date)

Should you need additional information about the survey, do not hesitate to call us. In the event it is not possible for the clinic to participate in a survey on the date scheduled, please call **(name and telephone number)** at **(State agency location)**.

Sincerely yours,

Enclosures: Conditions for Coverage

Ownership and Control Interest Disclosure Statement Health Insurance
Benefits Agreement, CMS-1561A (2 copies).